Reviewer's report

Title: Cardiac tamponade and para-aortic hematoma post elective surgical myocardial revascularization on a beating heart - a possible complication of the Lima-stitch.

Version: 2
Date: 20 January 2014

Reviewer: Muharrem Akin

Reviewer's report:

Major Compulsory Revisions

In the present case-report the authors describe one of the complications after off-pump coronary artery bypass. Therefore the authors exemplify the clinical course of a 61-year old man, who presented a pericardial effusion caused by oozing bleeding and a para-aortic hematoma 11 days after OPCAB noticed because of a shock-symptomatic presentation of the patient. The authors believe the bleeding is caused by an injury of a nutritional pericardial or descending aorta vessel. For further clarification coronary angiography, detecting a significant narrowing of circumflex artery, which was stented, cardiac tomography, transthoracic and transeosophageal echo were performed.


- In the title you only pronounce the lima-stitch, but performed lima stitch and a sequential venous anastomosis. This should be pronounced, too.
- There are no information’s about blood pressure or heart rate while the patient was readmitted emergently. (What about the ecg?? )
- Background end of the first section: Can you cite a reference for Ricardo Limas work?
- Case presentation: The first step to determine a pericardial effusion should be a transthoracic echo. CT is one of the further methods to clarify the reasons for the effusion but is not the first choice to determine.
- Do you have a representative transeosphageal echo for your figures?
- Your results of the blood test should be presented and discussed in the course of time. E.g. a high troponin after an OPCAB and revascularization of the narrowing area is nothing unexpected.
- Why did you performe a 64-slice CT 12 days after intervention? Is it to assess
the pericardial effusion or para-aortic hematoma? Again: Transethoracic echo should be the first choice, subsequently transeosophageal......
- It is not clear if there are two different findings described, or in what relation these are. CT-pics should be shown to clarify. Can you closely determine the para aortal hematom? If there are two different findings, how do you explain the para aortic hematoma, while during bypass surgery the descending aorta is not involved?
- What about the dressler´s syndrome as explanation for the pericardial effusion?
- On page 5 you write: This was the first idea that came to mind... This is an unnecessary sentence and should be removed.
- When you cite the work of Mandke, Salerno or Fukui, respectively, these works should be named in the references list.
- You are focusing too much on the lima stitch. Other reasons like the narrowing insertion of the bypass with angioplasty and stenting or dressler´s syndrome should be discussed also.
- On page 6 above conclusion you write that `the present case is an example of a rare but ext. dangerous complication of beating heart revascularization The authors believe.....´ You are right. It could be an extremely dangerous complication, but your case report in not an example for this, because you couldn´t prove that your findings are based on an injury of a nutritional vessel (which was caused by the Lima-stitch).

All in all I think this work describes an interesting case, but with the lack of clear proof for an injury of nutritional vessel as a reason for the complicated course, it is not as interesting as the authors think. Furthermore there are some points needs to discussed/ taken noticed (see above) to make this work more interesting.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'